

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024798

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 125

FILED JUN 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Etta Nursing Home		d. STREET ADDRESS (If outside, give location) 203 East 10th St.	
3. NAME OF DECEASED (Type or print) First DOUGLAS Middle JENKINS Last JENKINS		4. DATE OF DEATH Month June Day 11 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-31-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner Ret.		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	
11. BIRTHPLACE (City and state or country) Cherokee County, Kans.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Jenkins		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mr. Gordon Boyer, Lamar, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Senility; General Debility			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY; TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 11-17-62 to 6-14-63 and last saw her alive on 4-15-63 Death occurred at 7:16 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shirley S. Patterson M.D.		22b. ADDRESS 510 S. Main, Carthage, Mo.	
22c. DATE SIGNED 6-13-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-14-1963	23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	
23d. LOCATION (City, town, or county) Lamar, Missouri			
24. FUNERAL DIRECTOR Chiles Funeral Home		25. DATE RECD. BY LOCAL REG. 6-14-63	
ADDRESS Lamar, Mo.		26. REGISTRAR'S SIGNATURE Elly Clinton	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Chiles

Licensed Embalmer No. 3473

P. O. Address Ames MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

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20200

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